## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

| SERIAL NO. | ,   |         |
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| 16         | 100 | SUNTICI |
| 1 / 0      |     | 77008   |
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FILING DATE

AFTER

2 MAMENDMENT

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| 42       92         43       93         44       94         45       95         46       96         47       97         48       98         49       99         50       100         TOTAL IND.       TOTAL IND.         DEP.       TOTAL DEP.  |       | -  | <del> </del>                                      | <del></del>                                      | <del>                                     </del> | <del> </del>                                     | <del>                                     </del> | 1    |          | <del>                                     </del> | <del>                                     </del>  | <del></del>                                      | <del>                                     </del> |
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| DEP. DEP.   |       |  | ♣   | 15   | 🗣  |  | 🗣  |      |          |  | ♥   | i  | 1  |
|   | TOTAL |  | , ·   | 13   | •  |  | <b>+</b>   |      |          |  | <b>+</b>  |  | <b>-</b>   |
| CLAIMS CLAIMS   | TOTAL | $\vdash$   |   | 10   | 1, 10  |  |  |      |          |  |   |  |  |